

BLOOM-VERNON LOCAL SCHOOL DISTRICT



P.O. Box 237
South Webster, Ohio 45682
Phone 740-778-2281
Fax 740-778-2526

Marc Kreischer
Superintendent

Ty Roberts
Treasurer

Brett Roberts
South Webster Jr./Sr.
High School Principal

Sandy Smith
Bloom-Vernon
Elementary Principal

Dear Parent,

Your child has been presented to the nurse's clinic with one or more of the following symptoms:

Fever/Chills
Shortness of Breath
Headache
Other: _____

*Coughing/Sneezing***
Loss of Taste or Smell
Nausea/Vomiting/Diarrhea

Sore Throat
Fatigue
Rash that is rapidly spreading

***for students with chronic allergic/asthmatic cough, this is a change in their cough from baseline*

Due to recent guidelines set forth by the Scioto County Health Department, your child has been excluded from school until one of the following are met as described in "COVID-19: When a student, faculty or staff member can return to school" (see attached). In order for your child to return to school as soon as possible, please take him/her to be seen by a doctor. If you have any questions, please contact your school nurse or principal.

Sandy Smith
Principal

Katie Allard, RN
School Nurse
(740) 778-2339

Please take this form to your child's physician for his/her signature. This specific form must be completed and returned prior to your child's return to school.

To the Principal:

_____ was examined today and may return to school on _____.

Their condition was found to be in accordance with the guidelines set forth by the Scioto County Health Department and the Ohio Department of Health. He/she may return to school if they have been 24 hours fever free without the use of fever suppressing medications, has an alternate diagnosis (with written documentation), and the provider believes it is appropriate for them to return to school.

Diagnosis _____

Physician's Signature _____

Date _____

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